



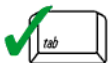
Massachusetts Department of Environmental Protection  
Bureau of Air and Waste – Stage II Vapor Recovery Program

# Stage II Form C

MassDEP Facility Account # \_\_\_\_\_

## Annual In-Use Compliance Certification

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

### A. Stage II System Documentation

1. Stage II System Location

Name of Facility Where the Stage II System is Installed

Facility Address

City/Town

MA  
State

Zip Code

2. Stage II System Responsible Official #1 (point of contact for Stage II related correspondence)

Name of Stage II System Responsible Official #1

Phone Number

Mailing Address

City/Town

State

Zip Code

3. Stage II System Responsible Official #2 (fill out only if applicable)

Name of Stage II System Responsible Official #2

Phone Number

Name of Company or Facility

Mailing Address

City/Town

State

Zip Code

4. Stage II Annual Compliance Fee Billing Address:

Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact names.

Phone Number

Name of Company (Corp., Co., Inc., LLC, etc.)

Mailing Address

City/Town

State

Zip Code

5. Has any Stage II system documentation provided in A. 1– 4 above changed from that currently on record in MassDEP's Stage II database? ☐ Yes ☐ No

6. Please check the box below identifying the correct amount of gasoline dispensed at this facility (gallons/annually):

☐ Less than 120,000

☐ 120,000 to 240,000

☐ 240,001 to 500,000

☐ 500,001 to 1,200,000

☐ 1,200,001 to 2,000,000

☐ Greater than 2,000,000

7. How many gasoline storage tanks are associated with this Stage II system?

☐ One

☐ Two or more



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## B. In-Use Compliance Testing and Submittal Requirements

1. In-Use Compliance Tests Required to be Performed and Passed: \_\_\_\_\_

2. **Compliance Certification Submittal Due Date:** \_\_\_\_\_

For this certification form to be submitted on time, the envelope used to mail it to MassDEP must be postmark-dated on or before the facility's annual in-use compliance certification due date.

Section C. to be completed by the Compliance Testing Company only.

## C. Compliance Testing Company Certification

1. Name of Compliance Testing Company \_\_\_\_\_
2. Compliance Testing Company MassDEP ID #: \_\_\_\_\_
3. Stage II System CARB Executive Order #: \_\_\_\_\_
4. Prior to performing required compliance tests, did you confirm that all aboveground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order?  
☐ Yes ☐ No
5. For Stage II Systems associated with two or more gasoline storage tanks, prior to performing required compliance tests, did you confirm that the gasoline storage tanks are properly manifolded in accordance with the system's currently applicable Executive Order?  
☐ Yes ☐ No ☐ Not Applicable (only one gasoline storage tank)
6. Did you perform each applicable compliance test in accordance with the referenced test procedure?  
☐ Yes ☐ No
7. For each required test provide the:
- |  | Date Test First Performed | Result of First Test (Pass/Fail) | Date Test Performed and Passed |
|--|---------------------------|----------------------------------|--------------------------------|
| Pressure Decay test                            | _____                     | _____                            | _____                          |
| Vapor Tie test                                 | _____                     | _____                            | _____                          |
| P/V Relief Vent test                           | _____                     | _____                            | _____                          |
| Dynamic Back Pressure/<br>Liquid Blockage test | _____                     | _____                            | _____                          |
| Air/Liquid Volume Ratio test                   | _____                     | _____                            | _____                          |
| Healy Fill-neck Pressure test                  | _____                     | _____                            | _____                          |
| Healy Vapor Return Line test                   | _____                     | _____                            | _____                          |
8. Were any compliance tests cited in 7. above performed and passed with one or more components **isolated** from the remainder of the Stage II system? ☐ Yes ☐ No  
If **YES**, please identify the test(s) and isolated component(s): \_\_\_\_\_
9. Compliance Testing Company Responsible Official Compliance Certification Statement  
I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in Section C. and all attachments pertaining to Section C., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Printed Name Of Compliance Testing Company  
Responsible Official

Signature of Compliance Testing Company  
Responsible Official

Date



# Stage II Form C

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Annual In-Use Compliance Certification

## D. Stage II System Responsible Official Compliance Certification

Section D. to be completed by the Stage II System Responsible Official(s) only.

### 1. Stage II System Operation

- a. Have you operated and maintained your Stage II system in accordance with your applicable **CARB Executive Order** to ensure correct operation and maintenance? (CARB order number is provided on page 2. C. 3.)

☐ Yes ☐ No (if **NO**, see D.4 below)

If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo-PhaseII.htm>

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

- b. Have you **visually inspected** the **Stage II system** on a **weekly** basis?

☐ Yes ☐ No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

The **Stage II Weekly Inspection Guidance Manual** for your applicable Stage II System provides you with the correct procedures for conducting required weekly visual inspections.

Stage II Weekly Inspection Guidance Manuals for Balance, Vacuum Assist, and Healy systems are available at: <http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>

- c. Are the **persons** conducting weekly visual inspections **trained** to operate and maintain the Stage II system in accordance with the system's applicable CARB Executive Order?

☐ Yes ☐ No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

### 2. Stage II System Maintenance

- a. As a result of **weekly visual inspections**, did you find any Stage II system components incorrectly installed, non-functioning or broken?

☐ Yes ☐ No

- b. If **YES**, did you immediately **repair the broken Stage II components**; or, if the components cannot be immediately repaired did you:

i. immediately **stop dispensing gasoline through the broken components**, post "Out of Service" signs on the components, and repaired the components within 14 days; or, if the components cannot be repaired within 14 days, did you;

ii. immediately **isolate the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post "Out of Service" signs on the broken components until repaired; or, if the stage II system cannot be isolated from the broken components so that the Stage II system is correctly operating, did you;

iii. immediately **stop all dispensing of gasoline** at the facility and post "Out of Service" signs on all gasoline dispensers until the components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

☐ Yes ☐ No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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### D. Stage II System Responsible Official Compliance Certification

Section D. to be completed by the Stage II System Responsible Official(s) only.

#### 2. Stage II System Maintenance (cont.)

- c. Was one or more Annual In-Use Compliance **tests failed** on the **first try**? ☐ Yes ☐ No
- d. If **YES**, did you immediately repair the broken Stage II components and pass the required applicable Annual In-Use Compliance tests? ☐ Yes ☐ No
- e. If **NO**, check the appropriate box below identifying your response to the failed tests, the repairs completed in order to pass the required test(s) and the date repairs were made.

Failed Test	Response To Failed Test (pick one per test, see below)		Repairs And Date Repairs Completed In Order For The Stage II System To Pass Failed Test(s). (If additional space is needed, use D.4.)
	(1)	(2)	
Pressure Decay test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vapor Tie test	<input type="checkbox"/>	<input type="checkbox"/>	_____
P/V Relief Vent test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dynamic Back Pressure/ Liquid Blockage test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air/Liquid Volume Ratio test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Healy Fill-neck Pressure test	<input type="checkbox"/>	<input type="checkbox"/>	_____
Healy Vapor Return Line test	<input type="checkbox"/>	<input type="checkbox"/>	_____

- (1) Immediately **isolated the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post “Out of Service” signs on the broken components until repaired; **or**, if the Stage II system cannot be isolated from the broken components so that the Stage II system is correctly operating;
- (2) Immediately **stopped all dispensing of gasoline** at the facility and posted “Out of Service” signs on all gasoline dispensers until the components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

#### 3. Stage II System Record Keeping

Are the following **records maintained on-site**, in a centralized location?

- a. All **Weekly Inspection Checklists** for the prior twelve-month period identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
- b. A copy of **Compliance Testing Company Test Results** for all Stage II Compliance tests performed during the prior twelve-month period.
- c. A copy of the currently applicable **MassDEP Stage II In-Use Compliance Certification**.
- d. **Training Log of all persons trained** to perform weekly inspections of the Stage II System.

☐ Yes ☐ No (if **NO**, see D.4 below)

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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## D. Stage II System Responsible Official Compliance Certification

### 4. Compliance Status and Actions to Ensure Future Compliance

If you are **NOT** in compliance with any question you answered in D.1, 2 or 3 above, please explain:

- the reason you are not in compliance;
- the actions you will take to correct the noncompliance and the date completed; and
- the actions you will take to avoid the noncompliance in the future.

If more space is needed, please use additional pages as necessary.

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### 5. Stage II System Responsible Official Compliance Certification Statement

I certify that **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; **(b)** systems<sup>1</sup> to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, **(c)** I am fully authorized to make this attestation on behalf of the facility.

\_\_\_\_\_  
Printed Name of Stage II System Responsible  
Official #1

\_\_\_\_\_  
Signature of Stage II System Responsible  
Official #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Stage II System Responsible  
Official #2

\_\_\_\_\_  
Signature of Stage II System Responsible  
Official #2

\_\_\_\_\_  
Date

<sup>1</sup> For purposes of this statement, "systems to maintain compliance" means procedures that the Stage II facility owner and/or operator has established to ensure that weekly visual inspections and required tests are conducted, that broken or defective components are repaired, replaced or isolated and that required records are maintained.